MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 776837   FILING DATE

APPLICANT(S)

11/22/04   7/6/05   CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4		1		1				54						
5		1		1				55						
6		1		1				56						
7		1		1				57						
8		1		1				58						
9		1		1				59						
10		1		1				60						
11								61						
12								62						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		1					TOTAL IND.						
TOTAL DEP.	9		9					TOTAL DEP.						
TOTAL CLAIMS	10		10					TOTAL CLAIMS						